

DES-010  
12/04

Michigan Department of State  
POD - Driver Education Section  
430 West Allegan, 3<sup>rd</sup> Floor  
Lansing, Michigan 48918

Direct questions regarding  
this form to (517) 241-6850  
Fax number (517) 373-0964

## DRIVER EDUCATION INSTRUCTOR APPROVAL REQUEST

Agency Code Number*	Michigan Driver License Number	Date of Birth	Telephone Number (       )	
Last Name	First	Middle	Social Security Number **	
Street Address		City	State	Zip Code
Email address (optional)				

\* **Public School District** – 5 digit district code

\* **Driver Training School** – 5 digit school code

\*\* **Information Protected**

### EMPLOYING AGENCY:

Name of school district or driver training school		Telephone Number (       )	
Street Address	City	State	Zip Code

Authorized Agency Official \_\_\_\_\_

SIGNATURE

TYPED NAMED \_\_\_\_\_

\_\_\_\_\_  
DATE

\_\_\_\_\_  
POSITION OR TITLE

### MAILING INSTRUCTIONS

Along with this form attach:

1. **A PHOTO COPY OF A CURRENT, VALID MICHIGAN TEACHING CERTIFICATE.**

Administrative Rule paragraph R388.311, specifies that to be eligible to teach driver education, an individual **MUST** have a valid Michigan teaching certificate (NOT required for driver training school instructors).

2. **A UNIVERSITY TRANSCRIPT VERIFYING SUCCESSFUL COMPLETION OF THE REQUIRED COURSEWORK MUST ACCOMPANY THIS REQUEST FOR APPROVAL.**

Administrative Rule paragraph R388.313, specifies that for initial approval, an individual must have earned the equivalent of eight (8) semester hours of approved college credit in driver education teacher preparation courses.

Mail form, university transcript(s) and teaching certificate (if applicable) to:

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### FOR DES OFFICE USE ONLY

Type of Approval Full    Temp	Date of Letter/Approv	Expiration Date	University	Credits/Type	University2	Credits/Type	Comp Yr
Teacher Cert	Cert Expiration Date	DL Check	Subscr Acct	Original Approval Date		Maintenance Date	